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CONFIRMATION NO. 8784

<b>SERIAL NUMBER</b> 10/666,191	<b>FILING OR 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> UF-300XC2	
<b>APPLICANTS</b> Laszlo Prokai, Gainesville, FL; Katalin Prokai, Gainesville, FL; James Simpkins, Fort Worth, TX;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/405,413 04/01/2003 PAT 7,026,306 which claims benefit of 60/369,589 04/01/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> ** 01/14/2004					
Foreign Priority claimed <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>BB</u> Verified and Acknowledged <u>BB</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23557					
<b>TITLE</b> Steroidal quinols and their use for estrogen replacement therapy					
<b>FILING FEE RECEIVED</b> 565	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		